

State of New Jersey Department of the Treasury Division of Property Management and Construction	PRELIMINARY TECHNICAL PROPOSAL				FORM 48B 01/01										
1. FIRM NAME & ADDRESS: MBE <input type="checkbox"/> WBE <input type="checkbox"/> FEDERAL ID NUMBER:	2. PROJECT NAME: LOCATION: PROJECT NUMBER:														
3. CONTACT PERSON: TITLE: PHONE NUMBER: () FAX: () E-MAIL:	4. IF JOINT VENTURE; NAME OF ADDITIONAL FIRM(S). (ALL FIRMS MUST BE PRE-QUALIFIED) FIRM NAME: <div style="text-align: right;"> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE </div>														
5. FIRMS TOTAL TECHNICAL PERSONNEL BY DISCIPLINE (JV's COMBINED PERSONNEL) <div style="display: flex; justify-content: space-between;"> <div> _____ ARCHITECTS _____ URBAN/REGIONAL PLANNERS _____ LANDSCAPE ARCHITECTS _____ INTERIOR DESIGNERS _____ SANITARY ENGINEERS _____ SOILS ENGINEERS _____ CIVIL ENGINEERS _____ STRUCTURAL ENGINEERS _____ MECHANICAL ENGINEERS _____ ELECTRICAL ENGINEERS </div> <div> _____ CONSTRUCTION INSPECTORS _____ ENVIRONMENTAL ENGINEER _____ GEOLOGISTS _____ SPECIFICATION WRITERS _____ ESTIMATORS _____ DRAFTSMEN _____ SURVEYORS _____ SCHEDULERS _____ _____ _____ _____ _____ TOTAL PERSONNEL </div> </div>	6. KEY SUB-CONSULTANTS FOR THIS PROJECT (ALL KEY SUB-CONSULTANTS MUST BE PRE-QUALIFIED) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NAME & ADDRESS:</th> <th style="width: 25%;">SPECIALTY:</th> <th style="width: 10%;">MBE</th> <th style="width: 10%;">WBE</th> <th style="width: 30%;">PRE-QUAL RATING</th> </tr> </thead> <tbody> <tr><td style="height: 100px;"></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					NAME & ADDRESS:	SPECIALTY:	MBE	WBE	PRE-QUAL RATING					
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7. ORGANIZATIONAL CHART OF PROPOSED PROJECT TEAM (Include firm's names, team members names and titles)

8. LIST OF APPLICANT FIRM(s) AND SUB-CONSULTANTS KEY PERSONNEL TO BE ASSIGNED TO THIS PROJECT:			
FIRM NAME	NAME	TITLE	DISCIPLINE/RESPONSIBILITY

9. WORK BY APPLICANT FIRM(s) WHICH BEST ILLUSTRATES CURRENT QUALIFICATIONS RELEVANT TO THIS PROJECT. ALL PROJECTS MUST HAVE BEEN COMPLETED WITHIN THE PAST 10 YEARS. (Maximum 10 projects)					
PROJECT NAME AND LOCATION	NATURE OF FIRM'S RESPONSIBILITY	OWNERS NAME AND ADDRESS	COMPLETION DATE OR % COMPLETED	ESTIMATED COST	
				ENTIRE PROJECT	WORK FOR WHICH FIRM WAS/IS RESPONSIBLE

10. PROVIDE ANY ADDITIONAL INFORMATION SUCH AS PROJECT APPROACH, SPECIAL RESOURCES OR OTHER RELEVANT QUALIFICATIONS OF YOUR FIRM, PROJECT TEAM OR JOINT VENTURE. IF BROCHURES OR PHOTOS OF PROJECTS ITEMIZED IN BOX(es) 9 AND 10 ARE INCLUDED THEY MUST BE CLEARLY NOTED AS TO WHICH FIRM WAS RESPONSIBLE FOR THE WORK.

11. CERTIFICATION BY PREPARER:

I being duly authorized, certify that the information supplied herein, including all attached pages, is complete and correct to the best of my knowledge.

NAME

TITLE

SIGNATURE

DATE